

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Paul S. Germscheid et al.

Serial No.: N/A

Examiner: Unknown

Filing Date: Herewith

Group Art Unit: Unknown

For: METHOD AND APPARATUS FOR A WEB APPLICATION SERVER TO AUTOMATICALLY  
SOLICIT A NEW PASSWORD WHEN AN EXISTING PASSWORD HAS EXPIRED

Docket No.: 33012/278/101

TRANSMITTAL SHEET

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of : EL 522 531 640 US, in an envelope address to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 24<sup>th</sup> day of November, 1999.

By

John L. Rooney  
John L. Rooney

We are transmitting herewith the attached Patent Application including the following:

[XXXX] 42 sheet(s) of specification.

[XXXX] 4 sheet(s) of claim(s).

[XXXX] 1 sheet(s) of Abstract.

[XXXX] 14 sheet(s) of drawings.

[XXXX] Executed Declaration and Power of Attorney.

[ ] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

[XXXX] An Assignment of the invention to Unisys Corporation is being filed contemporaneous with this patent application.

[ ] A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_\_\_, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$380		\$760
TOTAL CLAIMS	20-20 =	0	x9=	\$	x18=	\$ 0
INDEPENDENT CLAIMS	4 -3 =	1	x39=	\$	x78=	\$ 78
( ) MULTIPLE DEPENDENT CLAIM PRESENTED			+130=	\$	+260=	\$ 0
TOTAL			\$		\$838.00	

\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[XXXX] Other Recordation Form Cover Sheet-Patents Only

[XXXX] Checks in the amounts of \$838.00 and \$40.00 are enclosed.

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account 14-0620.

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